

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER The Lake Andes Wave		2. DATE OF FILING Oct. 1-2001
3. FREQUENCY OF ISSUE Wkly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 12	3B. ANNUAL SUBSCRIPTION PRICE 25.50 / 27.50
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code). (Not printers) PO Box 369, Lake Andes, Chas. Mix Co., South Dakota, 57356-0369		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 111, Beresford, SD 57004-0111		
6. FULL NAME OF PUBLISHER Craig + Mary Steensland		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME Craig + Mary Steensland, PO Box 111, Beresford, SD 57004-0111		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. Donald + Carol Harrell		
9. EXTENT AND NATURE OF CIRCULATION (See instructions on reverse side)		
AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS		
A. TOTAL NO. COPIES (Net Press Run)	500	500
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors and counter sales	120	122
2. Mail Subscription (Paid and/or requested)	220	213
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of B1 and B2)	340	335
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	35	35
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	375	370
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	83	87
2. Return from News Agents	42	43
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	500	500
SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER		
<p>I swear that the statements made by me above are correct and complete.</p> <p><i>Don Harrel, Manager</i></p>		

State of South Dakota

County of

(Seal)

Sworn to before me this 1st day ofOctober, 2001Don Harrel, W

Notary Public

My commission expires 4-17-07